

SC Department of Education Citizen Complaint Form  
Confidential – Office of the Ombudsman  
FAX: 803-734-0796

Date: \_\_\_\_\_ Issue: \_\_\_\_\_

Your Name: \_\_\_\_\_

Name of student(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Other) \_\_\_\_\_

Description of Concern

School Name: \_\_\_\_\_ School District: \_\_\_\_\_

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Have you discussed your complaint with someone at the school? If so, who:

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Have you discussed your complaint with someone at the school district? If so, who:

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After completing form, FAX to Wanda Davis, Ombudsman, at the number above, or mail to  
SC Department of Education, Room 1005-C, 1429 Senate Street, Columbia, SC 29201